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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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S. WARREN DEC 1 5 2017

COVER LETTER

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TO: Registration Section Division of Corporations

....

SUBJECT: J & D Mechanical, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred R. Schuman

Name of Person

J & D Mechanical, LLC

Firm/Company

5021 Luckett Road

Address

Fort Myers, Florida 33905

City/State and Zip Code

fs@jndmech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred R. Schuman	239 288-5834
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g amount:
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

A

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company:		
, (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			
	Date of filing/registration in Florida	4.	Document number
5. (a)	Kevin A. Kyle		
. (-)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET 1380 Royal Palm Sq. Blvd.	ADDRESS)	
	Fort Myers, F	L_33919	
(b)	George H. Knott, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	11. PH 12: 8
	Knott Ebelini Hart		
	NEW Registered Office Address:		
	1625 Hendry Street, Suite 301		
	Fort Myers	L_33901	
he cha igent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	of the registered liability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		Fred R.	Schuman
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	gree to act in thi le performance o led for in Chapte l hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signati	ire of Registered Agent		
	Division of Corporations• P.O.	. Box 6327• Tal	llahassee, FL 32314

FILING FFF+ \$25.00